

ADHD Australia - a voice at the national level

About ADHD

ADHD (Attention Deficit, Hyperactivity Disorder) is a complex, lifelong, neurobiological condition that exists on a spectrum of mild to severe. This developmental disorder affects approximately 5% of the child and adult population. This means that right now 1.2 million Australians are affected...not to mention their families, teachers, classrooms, workplaces, relationships and much more.

People with mild ADHD may be able to cope through a series of behavioural measures, psychological supports and coaching. More severe forms may be debilitating socially, emotionally and physically and require multimodal treatment. Such multimodal treatment can include psychiatric, psychological clinical assistance and medications.

Many people with ADHD experience other conditions simultaneously with their ADHD. It is common for someone with ADHD to also suffer from anxiety, depression, autism, learning difficulties such as dyslexia and behavioural disorders to a greater or lesser degree. From the growing body of international research, we also know that ADHD is highly linked to genetic factors and is inherited. It may not disappear in adult life.

ADHD's community impact

- A. First observed as a disorder in 1775 ⁱ
- B. First described in medical literature in 1902 ⁱⁱ
- C. Research demonstrates a strong genetic basis
- D. A complex and lifelong neurological condition ^{iii iv}
- E. Affects at least 5% of the world's population ^v
- F. ADHD affects around 1.2 mil Australians
- G. Around 298,000 children and adolescents aged between 4 - 17 have been ADHD diagnosed ^{vi}
- H. It is estimated that only ¼ of those living with ADHD have been diagnosed
- I. ADHD is the most common mental disorder in children and adolescents aged 4 - 17 at 7.4%. ^{vii}
- J. The majority of anxiety disorders, ADHD and conduct disorder cases were mild. Two thirds (65.7%) of ADHD cases were considered mild. ^{viii}
- K. Almost one third (30% or 4.2% of all 4 - 17 year olds) of children with a disorder had two or more mental disorders at some time (in the previous 12 months) ^{ix}

- L. Early diagnosis and management will give a better long term outcome ^{x xi xii}
- M. Education, skilling to assist development, medication and family support all contribute to better individual outcomes ^{xiii xiv xv}

About ADHD Australia

ADHD Australia was established in 2014 from a need to stand up for, and support, people impacted by ADHD in order to optimise positive outcomes for individuals, families and the community at large.

ADHD Australia is a national, independent, non-profit organisation which is committed to removing barriers to wellbeing for those people affected by ADHD, including their families, through education and advocacy. We aim to create positive public awareness and improved understanding to reduce stigma associated with ADHD by partnering with government and other organisations to establish marketing and awareness campaigns to change attitudes and behaviours towards people experiencing ADHD.

ADHD Australia recognises the valuable work already being done throughout Australia by many support organisations and we also recognise the significant gaps in services in parts of Australia desperately in need of support. Our aim is to support these efforts where support already exists rather than duplicate or compete with these existing state or regional activities. Our aim here is to work with others to foster a seamless Australia-wide advocacy, support and information system.

Our Service Ethos is about a generosity of spirit that calls us to enthusiastically go beyond what might be expected and to close the gaps in support and services currently offered to people who are faced with difficulties associated with ADHD or associated conditions. More importantly it's about raising hope and a greater sense of self-worth and ability to succeed at every stage of life. We will use donations to fund programs that raise awareness and improve the quality of life for people with ADHD and their families. We will do this by providing informative factsheets, podcasts and other educational resources as well as advocating for government policy changes to assist those affected by ADHD. All of these initiatives will also raise awareness to reduce the stigma of ADHD within the community.

Our Mission is **'To be a voice for positive change for people living with ADHD.'**

Our Vision is **'A community that fully supports, understands and accommodates ADHD.'**

Our symbol - the Dandelion

The Dandelion has been chosen as an enduring and meaningful logo for ADHD Australia. The dandelion has the symbolic meaning to people who are managing a life with ADHD, being blown in different directions, and the resistant factors they face. The diversity of direction also allows the dandelion to thrive in difficult conditions, so we see the dandelion as symbolising the ability to rise above life's challenges.

People with ADHD can overcome obstacles through use of their intelligence and connections with people who can share mutual support in facing life's challenges.

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- ⁱ Barkley & Peters 2012. 'The Earliest Reference to ADHD in the Medical Literature?' J Att Dis 16, 623 - 630
- ⁱⁱ Brown Thomas E. 2015, 'ADHD from stereotype to science' Education Leadership October 2015, Volume 73, Number 2, pp 52- 56
- ⁱⁱⁱ Canadian Attention Deficit Hyperactive Disorder Resource Alliance (CADDRA) 2001. Canadian ADHD Practice Guidelines
- ^{iv} Sobanski et al. 2008, 'Sleep in Adults with Attention Deficit Hyperactivity Disorder (ADHD) Before and During Treatment with Methylphenidate: A Controlled Polysomnographic Study' 31 (3): pp 375 - 381
- ^v Polanczyk 2007, 'The worldwide prevalence of ADHD' Am J Psych 164(6)
- ^{vi} Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J, Zubrick SR (2015) The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing, Department of health, Canberra, p 4 - 17
- ^{vii} Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J, Zubrick SR (2015) The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing, Department of health, Canberra, p 4 - 17
- ^{viii} Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J, Zubrick SR (2015) The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing, Department of health, Canberra, p 4 - 17
- ^{ix} Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J, Zubrick SR (2015) The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing, Department of health, Canberra, p 4 - 17
- ^x Canadian Attention Deficit Hyperactive Disorder Resource Alliance (CADDRA) 2001. Canadian ADHD Practice Guidelines
- ^{xi} National Institute for Health and Clinical Excellence (NICE) 2008,'Attention deficit hyperactivity disorder: Diagnosis and management of ADHD in children, young people and adults' NICE clinical guidelines 72: last modified March 2013
- ^{xii} Young, Fitzgerald and Postma, 2013 'ADHD making the invisible visible' An Expert White Paper on attention deficit hyperactivity disorder (ADHD)
- ^{xiii} Canadian Attention Deficit Hyperactive Disorder Resource Alliance (CADDRA) 2001. Canadian ADHD Practice Guidelines
- ^{xiv} National Institute for Health and Clinical Excellence (NICE) 2008,'Attention deficit hyperactivity disorder: Diagnosis and management of ADHD in children, young people and adults' NICE clinical guidelines 72: last modified March 2013
- ^{xv} Young, Fitzgerald and Postma, 2013 'ADHD making the invisible visible' An Expert White Paper on attention deficit hyperactivity disorder (ADHD)